

# Telemedicine Task Force

## *Committee Descriptions*

The Maryland Health Quality and Cost Council's Telemedicine Task Force (Task Force) will create an interoperable technology approach to the many disease categories of concern in Maryland. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the Maryland Health Care Commission (MHCC), under the council's auspices and in consultation with the Department of Health and Mental Hygiene, co-lead the initiative. MIEMSS is a clear leader with their jurisdiction over emergency care and the MHCC provides oversight for the State's health information technology initiative.

Earlier important work on stroke care, spearheaded by the University of Maryland and Johns Hopkins University Schools of Medicine will be instrumental in selecting use cases (stroke, trauma, perinatal, ICU, dermatology, and others) to define elements critical for Maryland's comprehensive telemedicine system. Task Force approaches will incorporate issues identified in Senate Bill 406 (2011 Session), Task Force to Study the Use of Telemedicine in Medically Underserved Populations and Areas, and the taskforce will keep the Senate Finance and House Health and Government Operations Committees informed of progress.

Task Force members with particular areas of expertise will assist in defining the elements and standards for the telemedicine system. In addition, Telemedicine Task Force members are invited to join any of the advisory groups:

- 1) **Clinical Advisory Group:** to include physicians and nurse practitioners with particular disease area expertise, Chief Medical Officers, MedChi, Maryland Hospital Association, Maryland Rural Health Association, and rural hospital and consumer representatives. Chair, Dr. Bob Bass.
- 2) **Technical Solutions and Standards Advisory Group:** to include hospital Chief Information Officers, CRISP, and Exchange and consumer representatives. Chair, Dr. David Sharp.
- 3) **Financial and Business Model Advisory Group:** section A—Payers, probably represented by a medical director, and section B—stroke hub and spoke hospital representatives, and hospital Chief Financial Officers. Chair, Mr. Ben Steffen.
- 4) **Regulatory/Licensure/Credentialing Advisory Group:** initially as a cross-cutting issue for the other advisory groups and if necessary, as a free-standing group.

It is anticipated that the Clinical Advisory Group will make their recommendations prior to the bulk of the work by the Technical Solutions/Standards Advisory Group and Financial Group. The Clinical and the Technology Solutions and Standards Advisory Groups will meet in June, 2011, with the Financial and Business Model Advisory Group beginning work in July. The work will take place primarily during summer and fall of 2011, with a quarterly update to the Quality and Cost Council and a Final Report submitted to the Governor by January of 2012.